

U. S. ARMY CHAPLAIN SCHOOL  
WRITING REQUIREMENT

GROUP THERAPY IN ALCOHOLIC COUNSELING

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## PREFACE

The following research paper has been written to fulfill the U.S. Army Chaplain School writing requirement. No originality is claimed except in the compilation. The writer draws together into one paper various experiments carried out in a controlled clinical atmosphere proving the advisability and necessity of the family role in alcoholic counseling. Unfortunately too little has been written in this field, and much less has been done.

## COUNSELING THE ALCOHOLIC FAMILY

In 1971, it was estimated that 9 million Americans (U.S.A.) may be labeled as "Alcoholics": individuals whose drinking seriously impairs their life adjustments. These alcoholics directly affect an estimated 36 million family members -- about 1 out of every 6 persons. Alcoholism appears to be increasing. Approximately 200,000 or more new cases are reported annually. Alcoholics comprise 15 to 20 percent of first admissions to mental hospitals, plus a substantial number of first admissions to general hospitals.

One out of every three arrests in the U.S. is for alcoholic intoxication. The financial drain imposed on the economy by alcoholism is about \$15 billion a year through losses to industry from absenteeism, lowered work efficiency, and accidents, and to the alcoholic from reduced income and the cost of real treatment. The life span of the average chronic alcoholic is 12 years shorter than that of the average non-alcoholic. Moreover, alcohol has been implicated as a casual factor in half of all automobile fatalities and a total of some 800,000 automobile crashes each year. In 1970, over 35,000 Americans were killed in automobile crashes in which alcohol was involved, averaging out to over 670 fatalities per week. Alcohol now ranks as the third major cause of death in the U.S.

Thus, we can readily see that alcoholism is a crucial problem in American society. Not only does alcoholism affect the individual alcoholic, but its ramifications for the family and society in general are profound. Counselors frequently encounter the problem. The school counselor sees children whose lives are deeply influenced by the alcoholic parent. More and more alcoholics are found in the rehabilitation counselor's care-load. Personnel and employment counselors deal with the effects of alcoholism on vocational performance. An understanding of the problem and a knowledge of successful treatment procedures will facilitate counselor effectiveness.

The recognition of alcoholism as a major health problem has developed an increasing concern with its treatment. Despite considerable effort by medical research, specific biophysiological deficiencies have not been identified. Psychologists have been equally unsuccessful in identifying psychological factors which differentiate alcoholics from non-alcoholics.

While the search for biophysiological and/or psychological causes of alcoholism continues, imperfect but necessary services are provided by alcoholic treatment programs. Traditionally, treatment programs have focused their resources on the alcoholic individual. As a result, much of the reported literature deals with the patient. With the growing recognition of the family's role in mental illness, researchers have begun to examine the importance of the family in the treatment of alcoholism. In

1955, Alcoholics Anonymous (A.A.) introduced its Al-Anon program for the non-alcoholic spouse, and later, Al-Atteen, for the children of the alcoholics. These programs assist family members to understand the alcoholic better. Recently, a growing number of researchers have advocated the importance of family involvement in the actual treatment of alcoholism. Today (1972) there is very little evaluative research on the effectiveness of family involvement in the total treatment of alcoholism.

Professors Trotter and Gozali of the University of Wisconsin together with Professor Cunningham of the Family Education Center of Racine, Wisconsin, conducted a controlled experiment to study the actual effectiveness of family involvement on the alcoholic treatment in 1969. The degree of family involvement, as measured by the participation of the wives of 60 alcoholics in a hospital family lecture series was compared to recidivism rates and to completion of the in-patient treatment program. The wives participation was closely related to whether or not their husbands completed in-patient treatment. Participation was also related to the degree of recidivism. The logical conclusion was that increased family involvement through counseling or through a continuing education program, during the critical period following discharge should be to enable the spouse to cope with the problems that will arise. Increased post-discharge involvement should result in even lower recidivism rates, and

in a more effective treatment of the alcoholic.

The family, long recognized as the basic social unit in our country, is more recently being understood as also a psychological unit. It has been frequently observed that in response to the treatment of a single family member, other members tried to sabotage, or become part of his treatment, as though they had a stake in his illness. Hospitalized patients often got worse after visits from family members. Other family members got worse as the patient improved, indicating the sickness in one of its members actually was essential to the family's way of operating. Despite a growing body of clinical knowledge emphasizing the importance of family involvement, often the family continues to be kept on the periphery of treatment of the individual.

While little has been reported about family therapy with families of alcoholics, they have not been neglected in the literature. In 1970, it was estimated that 15 to 20% of the applications to family service agencies involved a drinking problem. Usually the applicant was the non-alcoholic wife. The circumstances precipitating the application included such threats to family stability as physical abuse, debts, possible loss of employment, fear of family break-up, and concerns about children.

In 1953, T. Whalen published an article in the Quarterly Journal of Studies in Alcohol, in which he advanced the notion

that wives of alcoholics could be grouped into four categories, i.e. Suffering Susan, Controlling Catherine, Wavering Winifred, and Punitive Polly. Underlying this controversial classification was that unconscious determinants led these women to marry husbands who were alcoholics or alcoholic prone; that marriage involving alcoholics were determined by the underlying psychopathology of both partners. Some of the newer social-science concepts disavow the notion that interaction in these families can be explained adequately by unconscious determinants.

From her important 3-year investigation of Al-Anon family groups, Jackson described seven stages in family adjustment to alcoholism: attempts to deny the problem; attempts to eliminate the problems, disorganization; attempts to reorganize in spite of the problems; efforts to escape the problems; reorganization on the part of the family; and finally, recovery and reorganization of the whole family. These adjustments represent the efforts of the family to maintain a semblance of equilibrium at various stages of alcoholism.

Other researchers point out that the restoration of a healthy family equilibrium around recovery may be difficult. The impact of sobriety on a family may be problem-evoking for many reasons (and not only because of the wife's need to have her husband drunk). Often, it is the wife's expectation<sup>ation</sup> that if the drinking stopped, other problems would disappear. The

marriage may become worse when the drinking stops because other areas of conflict such as poor communication, differences about child raising, sex relations, homemaking, and family goals may be unmasked. Generally, the husbands sobriety changes the family's division of labor and balance of power. The children may find it difficult to alter roles, accept changes in father's behavior and modify patterns of seeking gratification and meeting needs. For these reasons it is important to consider what stage of adjustment the family is in when treatment begins.

In 1969, Dr. Donald E. Meeks, Associate Professor of Social Work, University of Toronto, and Colleen Kelly, Caseworker, conducted a clinical investigation over a 1-year period employing a sample of 5 families in the Day Treatment unit of the Ontario Alcoholism and Drug Research Foundation. The unit offered an intensive 7-week program in individual and group psychotherapy for alcoholic patients, followed by an aftercare program. In general, all families involved showed evidence of improved relating, healthier communication, and increased mutual support. Two men were able to remain abstinent during the entire course of family therapy, and another 2 men and women patients showed substantial improvement. It was concluded that family therapy can help the alcoholic by assisting the entire family to openly confront and deal with their problems.



A problem commonly encountered in many agencies dealing with alcoholics is the placement of new patients. Part of the problem is related to the fact that staff personnel question the degree of motivation of alcoholics. Evaluation of the patients readiness and willingness to receive help is rarely foolproof and many patients are lost through attrition, not only at the beginning of the therapeutic treatment, but after valuable time has been spent in psychotherapy. After a long period of trial and error, the Houston Alcoholism Research unit began placing new patients in an orientation group. The orientation group was structured to perform three functions, (1) to assess motivation, (2) to provide information about alcoholism, (3) to prepare suitable individual for psychotherapy groups.

This planning period offers the counselors an opportunity to examine the particular patient's situation, his family affiliation, and his general psychological problems in order to place him in the best therapeutic environment. While this is sometimes taken for granted that group psychotherapy is the treatment of some choice for all patients, certain patients benefit very little from group experience and may be seen on an individual basis in regular therapy or he may be followed on a weekly basis in what has been designated as a "casework clinic." Here the patient receives medication, supportive contact, and other appropriate individual services.

The patients designated for group psychotherapy are placed in one of four groups:

1. The Conventional Singles' Group
2. The Spouses Group
3. The Couples' Group
4. The Experimental Group

We shall comment on each of the four groups.

The Conventional Singles' Group has for their primary goal the maintenance of sobriety. It is questionable whether patients can benefit from group experience until they have been sober for a reasonable length of time. Sobriety is one of the conditions for membership. This rule is interpreted as liberally as the group leader and members wish.

A second broad goal is positive behavioral change, that is group members are expected to change aspects of their behavior which are either causing them trouble or discomfort, or are contributing to poor interpersonal relationships with others. This is stressed because it is found that drinking behavior inevitably screens more basic interpersonal problems.

Other general goals of the singles' group include:

1. Improved vocational adjustment
2. More openness in the expression of feelings and thoughts
3. Increased feelings of self-esteem and respect
4. Development of more effective interpersonal skills
5. A general feeling of well-being

Some question whether meaningful changes can occur when significant relatives are not receiving help concomitantly with the patient. Although it is desirable that family members be included in an alcoholism treatment program, still relatives may not participate because of unavailability, disinterest, or patients may prefer working on individual problems without relatives.

The Spouses' Group is open to wives or husbands of alcoholics. In many instances, the marital relationship has so deteriorated by the time the spouse joins the group that the problems presented are serious and complex. In this group, the atmosphere should be one which

1. Allows the spouse to give and receive honest feedback from other members.
2. Provides the partner with an opportunity to develop and evaluate more effective problem solving.
3. Enables the wife/husband to increase interpersonal competence.
4. Develops the spouses' confidence in his/her ability to rely upon own resources.

A particular behavior pattern noted repeatedly in spouses' groups is the "game" of alternately seducing and rejecting the husband, especially during periods of separation. The typical pattern is for the wife to express verbally to the husband negative feelings toward him in regard to irresponsible behavior, past abuse, neglect of her and the children, etc., while actually being provocative in her encouragement of home visits, requests

for assistance, and veiled invitations for sexual contact. When the wife is confronted by other group members, she can begin to examine her own feelings and motivations and to change her behavior which puts her husband in a "double-bind" situation and prevents resolution of the marital problem.

The Couples' Group is made up of husbands and wives, one of whom is an alcoholic. Advantages offered by a couples' group include:

1. Learning new information concerning the effect of alcoholism on mates of alcoholics and the readjustment of roles that takes place during periods of basic sobriety and drinking.
2. Obtaining feedback concerning personal behavior not necessarily to the marital situation.
3. Learning general information, not related to alcoholism, concerning family experiences which can be applied to personal living situations, and
4. Spotting the games that marital partners play with each other.

Couples often have great difficulty in expressing both negative and positive feelings for each other. When this exists, feelings of resentment increase, and reliance upon "guessing" what the behavior of the partner means is used as the determinant of feelings and response. A frequent observation is of a husband or wife reacting strangely to unmet needs as if the partner should have anticipated these without being told.

Another game that has been observed between couples is the "distance game". The husband, not necessarily the drinker,

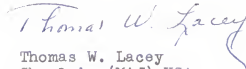
continuously feeds his angry feelings toward his wife by selectively attending to, and recalling, only those events that irritate him. The wife, who wants affection from him, is forced to defend herself by reminding him of the positive aspects of their relationship. He discredits her in various ways and continues to focus on her "shortcomings". When it is revealed that their sexual relations are wholly unsatisfactory, it becomes apparent that he needs to maintain his angry feelings in order to avoid intimacy and to keep her at arm's length.

The Experimental Group consists of alcoholics and unrelated spouses. The rationale for this group was that alcoholic members might benefit from interaction with spouses married to other alcoholics in a setting in which behavior patterns could be tested without the usual expression of strong negative explosive feelings which often lock married couples in a win-lose conflict and prevents mutual understanding and expression.

Both the alcoholics and their "spouses" have been able to clarify many misconceptions and misunderstanding about each other through direct confrontation. Through these confrontations some members have chosen to terminate marital relationships once they have gained insight into themselves and have acknowledged their own motives and goals in life. This particular type of group encourages patients to evaluate

important decisions and to examine their own life styles and overriding psychological needs. Such a setting can provide the spouse or alcoholic with enough steady strength to make decisions which had been avoided in the past through a process of observing the behavior of others in similar situations. Moreover, it provides encouragement and support for new behavior which the individual could not easily generate by himself.

The conclusion is that alcoholics need "a continuous significant and meaningful relationship with a family group or others in order to maintain a productive life without alcohol" is implied, but emphasis is directed toward accumulating more evidence.



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